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CONFIRMATION NO. 4154

SERIAL NUMBER 10/722,067	FILING DATE 11/25/2003 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. D-1182 R3
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APPLICANTS

Steven Shepley, Uniontown, OH;
 Glenda Griswold, North Canton, OH;

** CONTINUING DATA *****

This appln claims benefit of 60/429,249 11/25/2002
 and claims benefit of 60/429,250 11/25/2002
 and claims benefit of 60/429,476 11/26/2002
 and claims benefit of 60/429,521 11/26/2002
 and claims benefit of 60/429,528 11/26/2002
 and claims benefit of 60/453,370 03/10/2003
 and claims benefit of 60/465,733 04/25/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowances Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 32	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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ADDRESS
 28995
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TITLE
 Cash dispensing automated banking machine diagnostic method

<p>FILING FEE RECEIVED 900</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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